

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

10 - 07

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2010

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.40

7. FEDERAL BUDGET IMPACT:

a. FFY 10 \$ -0-
b. FFY 11 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-C, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 4.19-C, page 1

10. SUBJECT OF AMENDMENT:
Reserved bed payment - limitation

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Stephen Fitton, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Stephen Fitton

13. TYPED NAME:
Stephen Fitton

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:
May 21, 2010

16. RETURN TO:

Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Payment for Reserved Beds
During a Patient's Absence from an Inpatient Facility***

- I. Payment is not made for reserving a bed during a recipient's absence from an acute care general hospital.
- II. Payment for reserving a bed during a beneficiary's absence from a Long Term Care Facility:
 - A. Therapeutic Leave Days – payment is subject to the following conditions:
 - 1. The beneficiary is away for therapeutic and non-medical reasons (for example, home visits).
 - 2. Payment for reserving a bed for a beneficiary's therapeutic leave days may not exceed payments for 18 days during a 365 – day period.
 - 3. The bed is reserved for the beneficiary during his/her absence.
 - 4. The beneficiary returns to the facility.
 - 5. The beneficiary's written plan of care provides for "home visits" (defined as visits with friends and/or relatives, i.e., therapeutic leave days).
 - 6. Reimbursement for therapeutic leave days will be made at the facility's current prospective rate. Therapeutic leave days must be included in the daily inpatient census.

TN NO.: 10-07

Approval Date: _____

Effective Date: 04/01/2010

Supersedes

TN No.: 05-07